

THE PRINCIPLES OF COLONY BUILDING FOR THE DEFECTIVE CLASSES

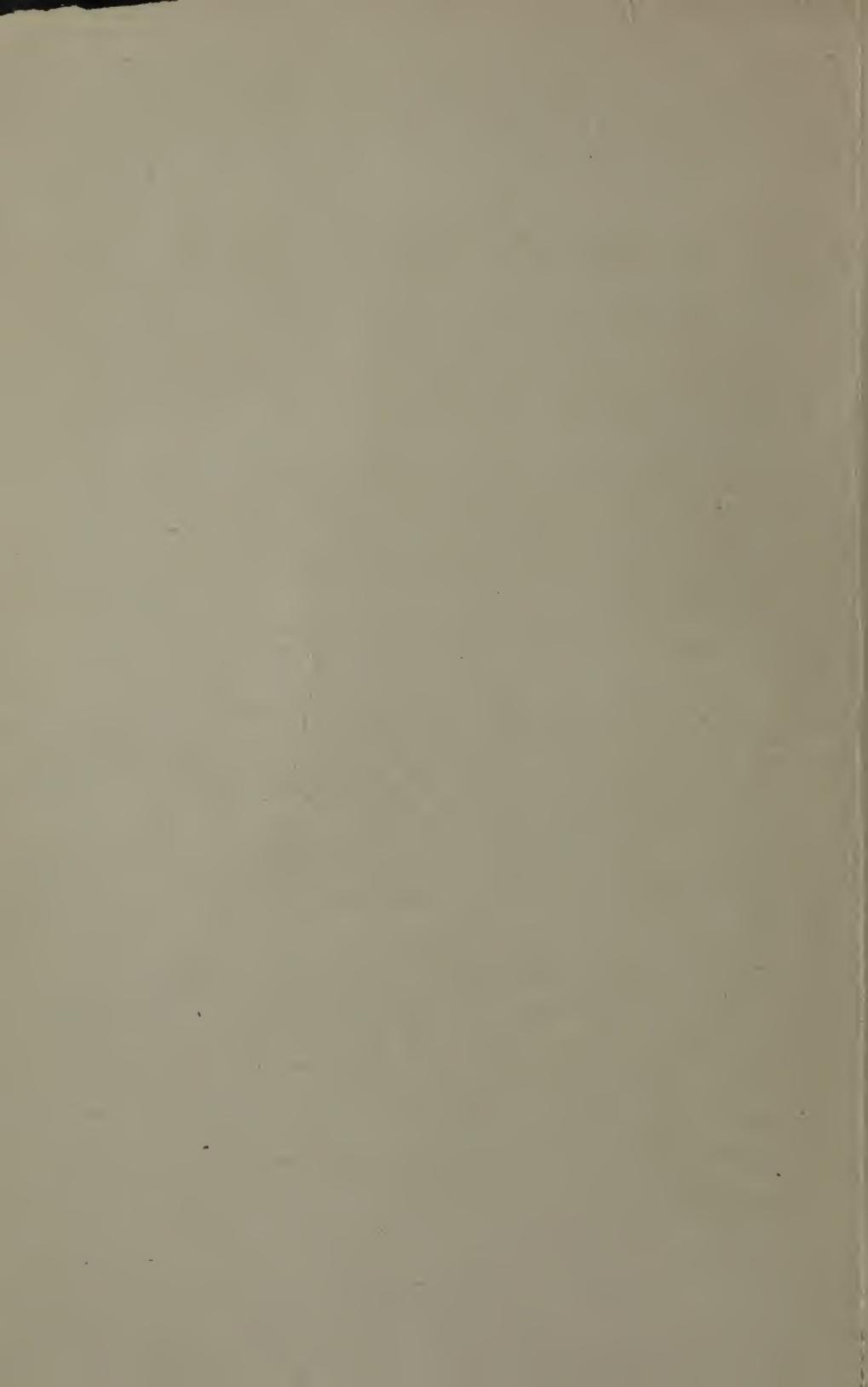
BY

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The Colony plans seem destined to enjoy in the future very great favor in the care and treatment of the defective-dependent classes. Suitably modified it can be made to serve equally as well, the epileptic, the insane, the feeble-minded, and a large proportion of the reformatory classes.

For all these the main features of the system are the same, and it is my purpose to make a brief exposition of these only in this paper.

One fundamental error in founding most institutions is in making them too small. If we propose building a colony for one thousand insane or epileptics, we should first secure one thousand acres of the best land that can be had. An acre to each individual the Colony proposes to care for is none too much.

The plan I am about to describe can best be carried out on a large tract, though by consolidating some of the needful features named in the central group, it can be adapted to smaller plots as well.

The scheme is one of perfect simplicity, at least such has been my experience with it at the Craig Colony for Epileptics at Sonyea where I have had opportunity for observing, during a period of eight years, its practical application in the reception, care, treatment, employment and education of some 1500 epileptics of all ages, grades, types, and conditions.

The plan is this:

On the plot of land on which it is proposed to build the colony, draw four imaginary lines, letting the first enclose enough territory on which to locate these features—

The Administrative Building.

The Hospital.

The Schools.

The Industrial Buildings and Work Shops.

The Store and Supply Houses, including the Bakery.

The Library.

The Laboratory.

The Laundry.

Homes for Employees.

To these, in many instances, the configuration of the ground and the location of the railways over which supplies are received, permitting, may be added a central power and heating plant. All these things demand continuous attention, and they need to be within a small radius that makes them easy of supervision.

Of all the essential features of colony buildings, I know of none that gives greater discomfort and annoyance, besides inviting actual disaster if not provided, than that of adequate classification. This can only be secured when houses are built expressly for it.

Reference again to the diagram shows that it is desirable to locate the best class of patients nearest the administrative center. It is for this class that most can be done. They require constant attention either in the way of treatment, education, occupation, or all of these.

At Sonyea this class constitutes 20% of the total epileptic population. They occupy the smallest houses, 16 to 18 living in each house. They do all the work of the household save laundering and bread making, both of which are carried on in central plants for the entire colony. One-half of the patients in these small houses have single rooms, others live two in a room, while in rare instances a room is found that holds three beds.

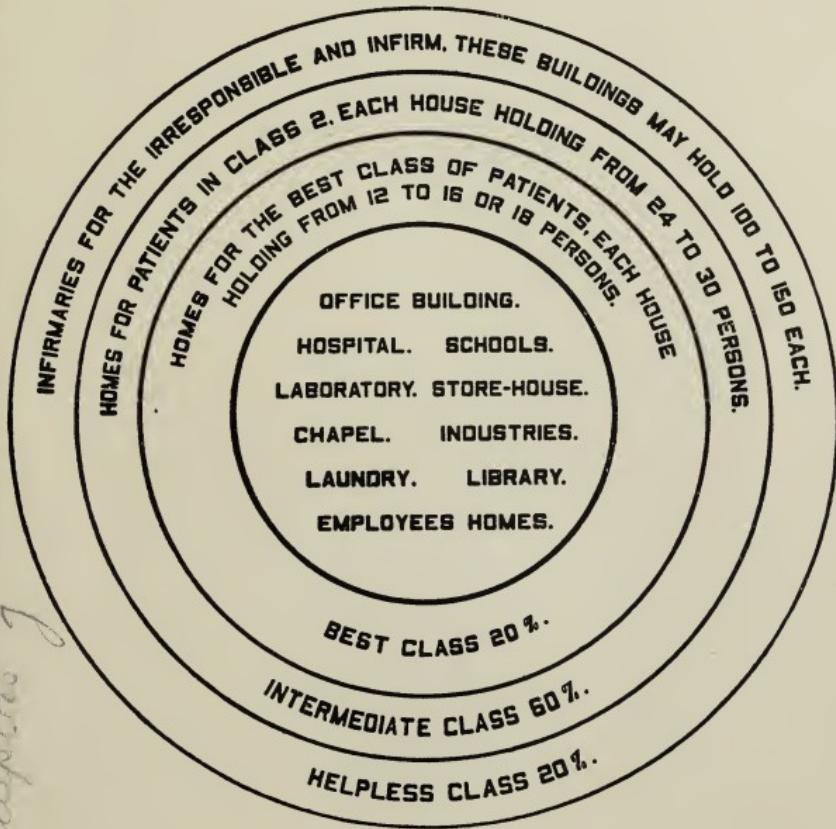
Beyond this second circle, we find the homes of the great middle class, which, at Sonyea, comprises 60% of all in the Colony. Here the houses hold 28 to 30 persons each. These also have some single rooms, but most of the rooms are for 2 to 5 each, no room holding more than 5.

In the outermost circle, are large buildings for the perpetually infirm, the bedridden and the insane. Classification for these is of no particular value. The problem here is that of the best care at the least cost. These buildings at Sonyea will hold, when com-

pleted, 125 to 150 each, and they are located three-quarters to a mile from the central group.

It will thus be seen that the size and location of the house depends upon the type of colonists who occupy it. The better the patient, the nearer he lives to the administrative center; while the less desirable he is, the further he is removed from such center.

Craig Colony for Epileptics J. M. Seelye RECHTOLD,



The plan (it is the one in use at Sonyea so far as it has been possible to adopt it) while by no means elaborate, is practical and effectual.

It is not meant, then, in founding a Colony that concentric rings of buildings should be located about the center on all sides. The diagram is presented merely to show the relationship between the patients of one group and those of another, and the relationship of them all to a common center. The center being determined,

all development may be in one general direction and may include less than one-half or one-third of the total circumference.

To do this would not interfere in the least with the principles of the plan outlined.

The percentages of the different classes given in the illustration apply to epileptics at Sonyea only. They would necessarily vary with each class cared for.



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